

Case Number:	CM15-0135289		
Date Assigned:	07/23/2015	Date of Injury:	02/22/2014
Decision Date:	08/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46-year-old male who sustained an industrial injury on 2/22/14. The mechanism of injury was not documented. The 10/10/14 left ankle MRI impression documented mild retrocalcaneal bursitis and Achilles tendon calcaneal enthesopathy. Findings documented a small Achilles calcaneal enthesophyte with mild edema. There was a small plantar enthesophyte with mild marrow edema and minimal thickening of the central cord of the plantar aponeurosis. There was mild flexor hallucis longus tendinosis with low-grade partial thickness tearing underneath the sustentaculum tali and mild tibialis posterior tenosynovitis. There was a constellation of findings suggestive of sinus tarsi syndrome, and mild plantar fasciitis. The 2/2/15 progress report indicated that the injured worker had a significant flare-up of his left heel pain with a trial of full duty work. He had recurrent pain despite medications, physical therapy, and heel lift. He was placed back on modified work. The 6/15/15 treating physician report cited persistent grade 4/10 left posterior heel pain. The injured worker had undergone extensive conservative therapy including oral and topical anti-inflammatories, immobilization, custom foot orthotics, physical therapy and acupuncture. He reported limping at the end of the day due to left posterior heel pain. Physical exam documented antalgic gait, inability to heel/toe walk, and inability to squat. Light touch sensation was intact with negative Tinel's at the tibial, peroneal and sural nerves. Vascular exam documented dorsalis pedis and posterior tibial pulses 2/3. There was tenderness at the left Achilles tendon insertion site and over the tendon posteriorly. Imaging showed a retrocalcaneal exostosis with bursitis retrocalcaneal left heel. The treatment plan included continued topical and oral anti-inflammatories, and modified duty. Authorization was

requested for left heel retrocalcaneal exostectomy with bursectomy via lateral incision and a tall CAM boot. The 6/23/15 utilization review non-certified the request for left heel retrocalcaneal exostectomy with bursectomy via lateral incision and associated CAM boot as there was no documentation of an injection, and mild imaging findings with no clear clinical or electro-diagnostic evidence of a condition that would improve in the short and long term with surgery. The 7/13/15 treating physician report stated that the injured worker had met all guideline criteria including activity limitation for more than one month, failure of an exercise program including physical therapy, and clear clinical and imaging evidence including MRI and x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left heel retrocalcaneal exostectomy with bursectomy via lateral incision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have been met. This injured worker presents with persistent left heel pain that has precluded return to work full duty. Clinical exam findings are consistent with imaging evidence of a retrocalcaneal exostosis with bursitis. Detailed evidence has been submitted of over 6 months of recent comprehensive non-operative treatment, including activity modification, physical therapy, home exercise program, and orthotics. Conservative treatment has failed to provide sustained benefit. Therefore, this request is medically necessary.

Associated surgical services: tall cam boot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CAM walker.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The California MTUS guidelines recommend the use of immobilization for acute swelling and injuries. Prolonged bracing without exercise is not recommended. The short term post-operative use of a CAM walker following exostectomy is consistent with guidelines to allow for early functional mobility. Therefore, this request is medically necessary.